

Request for Applications (RFA) 11-10407
California Personal Responsibility Education Program (CA PREP)
February 2, 2012



California Department of Public Health
Center for Family Health
Maternal Child and Adolescent Health Division

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SECTION I: INTRODUCTION

A. INTRODUCTION

The California Department of Public Health, Center for Family Health, Maternal Child and Adolescent Health Division (CDPH/MCAH) is soliciting applications from eligible organizations to implement California's Personal Responsibility and Education Program (CA PREP). CA PREP will be implemented in 19 selected California counties with statistically high teen birth rates and disproportionately high sexually transmitted infections (STIs), including Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) rates, as described in the federally-approved Post-Award State Plan. A list of the selected counties can be found in "Data Tables and Figures" (Appendix 1, Figure 6).

The CA PREP funds shall be used to replicate effective evidence-based program models (EBPMs) that have been proven to change behavior, which means delay in sexual activity, increase in condom or contraceptive use among sexually active youth, and/or reduced pregnancy.

Organizations, both governmental and non-profit, are invited to review and respond to this solicitation. Applicants must comply with the instructions contained in this document to submit an application to provide CA PREP services. CA PREP services are described in the "Sample CA PREP Scope of Work" (Appendix 2). Applicants must meet the minimum qualification requirements set forth in "F. Eligible Applicants", in this Section of this Request for Application (RFA).

Please read this document carefully. The CDPH/MCAH has developed a Glossary containing terms specific to this RFA.

Applicants must adhere to the due dates included in the RFA Key Action Dates table shown below.

B. INTERNET ACCESS TO RFA DOCUMENTS

All documents related to this RFA can be downloaded from the CDPH website at: <http://www.cdph.ca.gov/programs/mcah/Pages/CAPREP.aspx>. It is the applicant's responsibility to monitor the CDPH website on a regular basis for the most up-to-date information regarding the RFA.

Please send an e-mail to CAPREP@cdph.ca.gov to report any problems with the CDPH website or documents posted there.

C. RFA AND CONTRACT TERMS

To be consistent with the Federal Project, this RFA will cover the period of June 1, 2012 through September 30, 2016. The Contract terms will be as follows:

June 1, 2012 – September 30, 2012 October 1, 2012 – September 30, 2013 October 1, 2013 – September 30, 2014	Contract 1
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October 1, 2014 – September 30, 2015 October 1, 2015 – September 30, 2016	Contract 2
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At the end of Contract 1, sub-awardees will be invited to continue services for Contract 2.

D. KEY ACTION DATES

Key Actions	Dates (Subject To Change)
RFA Release (posted on the CDPH website)	2/2/12
Voluntary Letter of Intent	2/10/12
Deadline to Submit RFA Question(s)	2/15/12
Answers to RFA Questions (posted on the CDPH website)	2/21/12
Application Due Date and Time	3/14/12 6:00 p.m.
State Review and Selection Process	3/15/12 to 4/6/12
Notice of Intent to Award Funds (posted on the CDPH website)	4/9/12
Appeals Due Date and Time	4/16/12
Final Award Announcements (posted on the CDPH website)	4/17/12
Contract Period Commences	6/1/12

E. VOLUNTARY LETTER OF INTENT

The CDPH/MCAH requests prospective applicants to voluntarily indicate their intention to submit an application. Failure to submit a Letter of Intent will not affect the acceptance of any application. The Letter of Intent is not binding and prospective applicants are not required to submit an application because a Letter of Intent was submitted.

Applicants shall submit the voluntary Letter of Intent by e-mail to CAPREP@cdph.ca.gov by the date and time listed in the RFA Key Action Dates. The subject line of the e-mail must state “**CA PREP Letter of Intent.**” The email must include the legal name of the applicant organization, the address of the applicant organization, a brief statement of the organization’s intent to apply for CA PREP funds, and organization contact information (email, telephone number and fax number of the applicant organization’s representative).

F. QUESTION AND ANSWER PROCESS

The CDPH/MCAH will accept questions related to the RFA until the deadline to submit questions listed in the RFA Key Action Dates. Questions may include but are not limited to the services to be provided or the RFA and/or its accompanying materials, instructions, or requirements. The CDPH/MCAH reserves the right to answer only questions considered relevant to this RFA.

Prospective applicants should note that all questions are to be raised prior to the submission of an application. Applicants who fail to seek clarification and/or correction of the RFA and/or its accompanying materials shall submit an application at their own risk.

Applicants shall submit their inquiries regarding the RFA to CAPREP@cdph.ca.gov by the date and time listed in the RFA Key Action Dates. The subject line of the e-mail must state **“PREP RFA Question.”**

All inquiries must include:

- the name of the individual submitting the question(s)
- the official name of the organization submitting the question(s)
- the section(s) and page number(s) within the RFA that relates to the question(s), if applicable
- the question(s)

A Question and Answer document will be posted on the CDPH website at: <http://www.cdph.ca.gov/programs/mcah/Pages/CAPREP.aspx>. The CDPH/MCAH will answer each question as understood by the CDPH/MCAH. No attempt will be made to clarify questions. Similar or related questions may be grouped together or reworded for clarity and answered as one (1) question.

If necessary, the CDPH/MCAH will provide addenda to this RFA. RFA addenda will be posted on the CDPH website.

The RFA and all attachments and appendices are a legally binding document. All information provided within the RFA document takes legal precedence over answers to questions in the Question and Answer document.

G. ELIGIBLE APPLICANTS

Eligible applicants must meet the following minimum requirements:

- The applicant must have ten (10) years experience providing teen pregnancy, STI, and HIV prevention services to high-risk adolescents
- The applicant must have three (3) years experience implementing research or EBPMs proven to change behavior, delay sexual activity, increase condom or contraceptive use among sexually active youth, and/or reduce pregnancy
- The applicant must have three (3) years experience recruiting and retaining adolescents in teen pregnancy, STI, and HIV prevention services
- The applicant must have five (5) years experience in program monitoring including data collection and analysis, and reporting of performance measures
- The applicant must have three (3) years experience in developing, participating in, and maintaining stakeholder groups
- The applicant must have the organizational capacity to fulfill CA PREP and administrative contract requirements

Eligible applicants shall include, but are not limited to:

- A county and/or city government
- A local health jurisdiction
- A public entity (e.g., school, school district, County Office of Education)
- A private non-profit organization organized for non-sectarian purposes

The following entities and organizations may not apply for CA PREP funding:

- Organizations that have been deemed ineligible for California contracts or grants by the Department of Fair Employment and Housing due to a failure to comply with California's nondiscrimination laws and reporting requirements
- Organizations that have been debarred or decertified from contracting by the federal government
- Organizations not in compliance with California Government Code Section 8355¹
- Organizations that support or promote sectarian beliefs related to the doctrine of any religious group. The California Constitution, Article XVI, Section 5², prohibits the State from granting or otherwise using state funds to aid any religious sect, church, or sectarian purpose. The CDPH/MCAH will terminate a contract if it finds that program activities, educational materials (e.g., handouts and audio-visuals) or any other aspects of a program involve or include sectarian beliefs or religious doctrine.
- Agencies and organizations based outside of California

H. BACKGROUND

Pregnancy at an early age interrupts and disrupts normal adolescent development and often results in significant academic, social and economic costs for the mother, father, child, and society. Children born to single adolescent mothers are more likely to do poorly in school, have more emotional and behavioral problems, have poor physical health, are more likely to use drugs, tobacco, or alcohol, and are more likely to enter the juvenile justice system. The lost social, educational and vocational opportunities and the perpetual poverty of the teen mother or teen father are passed on to the child(ren) and influence personal development, relationships, career, and educational prospects of the next generation.³

Adolescents are also faced with environmental factors, often beyond their control, that contribute to teen pregnancy. These factors include but are not limited to, a lack of health care, poverty, sexual violence, substance use/abuse, gang affiliation, homelessness, poor family structure and support, and cultural traditions encouraging passivity and submissiveness of women that can limit a woman's ability to negotiate condom use and protect herself from unwanted sex and/or unplanned pregnancy. Moreover, adolescent pregnancy and parenthood is closely correlated with lower high school graduation rates. Among adolescent girls, pregnancy is the primary reason for dropping out of high school.

Segmented populations of youth are at even greater risk of teen pregnancy, STIs, and HIV/AIDS. Such populations including youth in foster care, homeless youth, and youth who

¹ <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=gov&group=08001-09000&file=8355-8357>

² http://www.leginfo.ca.gov/const/article_16

³ Berglas N, Brindis C, and Cohen J. **Adolescent Pregnancy and Childbearing in California**. California State Library California Research Bureau, June 2003.

are involved in gangs or placed in juvenile justice settings, have higher rates of early pregnancy and childbearing when compared to the majority of adolescents their age. Specifically, youth in foster care and emancipated youth are at increased risk for unintended pregnancy, HIV/AIDS, and other STIs because of high-risk sexual behaviors such as unprotected sex and sex with multiple partners.⁴ Traditionally, teen pregnancy prevention programs emphasize parental involvement and improving family dynamics, however, youth in foster care and emancipated youth are often unable to benefit from this type of intervention.

According to a study conducted by University of California, San Francisco (UCSF) in 2007, each teen pregnancy in California from conception to age two years cost \$10,351 in public sector expenditures, for a total net cost of \$819.76 million. Factors contributing to the higher per-pregnancy costs include slightly greater likelihood of not carrying a pregnancy to term, the availability of special services for pregnant and parenting youth, and the greater likelihood of being eligible for public assistance programs.⁵

After peaking in 1991, California's teen birth rate declined 54.7%, from 70.9 live births per 1,000 female teens aged 15 to 19 years, to 32.1 in 2009.⁶ Since 1991, California has been successful at reducing teen birth rates across all racial/ethnic groups at a faster pace than the nation as a whole. Factors related to reductions in teen birth rates nationally include increased numbers of teens who are delaying sexual activity; increased use of traditional contraception; increased use of long lasting methods of contraception; and health education, social service supports, and media campaigns.⁷ By continuing the progress made to date in preventing early pregnancy and parenthood, more California teens will have the opportunity to get an education, participate in the workforce, and build strong families.

Although teen pregnancy impacts all racial/ethnic groups and genders, in California:

- Hispanic and Black teens are the most disproportionately represented racial/ethnic populations⁸
- More than 1 in 5 of live births were to teen mothers (ages 15-19) born outside of the U.S.⁹

For additional data on the demographics of California's adolescent populations in the 19 selected California counties (including teen pregnancy, STI, and HIV/AIDS rates, poverty rates, median household income, unemployment rates, school graduation and drop-out rates, and foster care rates), refer to "Data Tables and Figures" (Appendix 1, Figure 17).

I. PERSONAL RESPONSIBILITY EDUCATION PROGRAM

The Personal Responsibility Education Program (PREP) funds have been awarded to the CDPH by the U.S. Department of Health and Human Services, Administration on Children, Youth and Families, Family and Youth Services Bureau. The CDPH was designated by former Governor Arnold Schwarzenegger as the single state entity authorized to apply for

⁴ The National Campaign to Prevent Teen and Unplanned Pregnancy. **Science Says: Foster Care Youth**. Number 27; August 2006. Excerpted from http://www.thenationalcampaign.org/resources/pdf/SS/SS27_FosterCare.pdf

⁵ Biggs MA, Foster DG, Hulett D, & Brindis C. **Cost-Benefit Analysis of the California Family PACT Program for Calendar Year 2007**. Bixby Center for Global Reproductive Health, University of California, San Francisco: San Francisco, CA.

April 2010. Excerpted from: http://bixbycenter.ucsf.edu/publications/files/FamilyPACTCost-BenefitAnalysis2007_2010Apr.pdf

⁶ **California and U.S. Teen Birth Rates, 1991- 2009**. California Department of Public Health, Center for Family Health, Office of Family Planning. August 2010.

⁷ Santelli JS, Lindberg LD, Finer LB, & et al. **Explaining Recent Declines in Adolescent Pregnancy in the United States: The Contribution of Abstinence and Improved Contraceptive Use**. American Journal of Public Health 2006; 97:150-6.

⁸ **California and U.S. Teen Birth Rates, 1991-2009**. State of California, Department of Public Health, Center for Family Health, Office of Family Planning, August 2010.

⁹ Ibid.

and administer PREP funds on behalf of California. The federal legislative authority is located in Section 2953 of the Patient Protection and Affordable Care Act of 2010 (signed into law March 23, 2010 by President Obama), Pub. L. No. 111-148, that added a new Section 513 to Title V of the Social Security Act, codified at 42 U.S.C. 713, authorizing the PREP.¹⁰

Through federal appropriation, California was awarded grant funds to execute CA PREP activities. Federal funding to California for CA PREP is allocated by a formula that calculates the proportion of youth in California to the total number of youth in all of the United States and territories between the ages 10-19. The computation of the proportion of eligible youth is based upon the most recent Bureau of Census data. The available funds will be used to execute program activities in the 19 California counties with the greatest need for teen pregnancy prevention services. PREP funding is available for five (5) federal fiscal years.

The goals and objectives of the PREP are to reduce pregnancy and birth rates for high-risk youth populations by means of replicating effective EBPMs that educate adolescents on pregnancy prevention and STIs, including HIV/AIDS.

Key components of the PREP include:

- Evidence-based program models
- Adulthood preparation subjects
- Emphasis on both abstinence and contraception
- Medical accuracy and age appropriateness
- Information and support activities
- Access to health care and other services

The federal statute emphasizes that PREP service providers should aim to reduce pregnancy and birth rates for youth populations most at-risk for pregnancies, including youth in foster care, homeless youth, youth with HIV/AIDS, pregnant youth who are under 21 years of age, mothers who are under 21 years of age, youth residing in areas with high teen birth rates, youth populations that are culturally underrepresented, youth in or aging out of foster care or adjudication systems, runaway youth, and out of school youth. Applicants are encouraged to consider the needs of lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth and consider how their programs will be inclusive of, and non-stigmatizing toward, those participants.

J. STATEMENT OF WORK

The following brief Statement of Work outlines the CDPH/MCAH's overall expectations of CA PREP sub-awardees. CA PREP sub-awardees shall:

1. Develop and maintain a coalition of local stakeholders for guidance and support, resources and referrals, and to raise awareness about reducing pregnancy and birth rates for high-risk adolescents through the use of EBPMs.
2. With input from local stakeholders, identify and serve no more than two (2) of the most high-risk adolescent population(s) in one (1) of the 19 selected California counties.

¹⁰ http://www.ssa.gov/OP_Home/ssact/title05/0513.htm

3. Prioritize services for Hispanic and Black adolescents.
4. Select and implement with fidelity no more than two (2) of the 11 CDPH/MCAH-selected EBPMs best suited for the target population(s).
5. Ensure a minimum of three (3) of the following Adulthood Preparation Subjects (APS) are provided to each target population:
 - Healthy relationships
 - Adolescent development
 - Financial literacy
 - Parent-child communication
 - Education and career success
 - Healthy life skills
6. Serve the minimum number of high-risk adolescents in one (1) of the 19 selected California counties.
7. Establish formal partnerships with Family PACT providers to promote and increase awareness and utilization of family planning and reproductive health services.
8. Provide information on, and referrals to, health care and other support services.
9. Collect, monitor, and report on program implementation and outcomes through performance measures as identified by the CDPH/MCAH and the federal funder.
10. Participate in the CDPH/MCAH's data collection and evaluation efforts and, if selected, participate in a federal impact evaluation.
11. Ensure CA PREP program staff meets the EBPM core components (Appendix 3) and implements the EBPM(s) with fidelity.
12. Attend all trainings, workshops, and conferences as directed by the CDPH/MCAH.
13. Commit to providing services and meeting all CA PREP contract requirements for the entire term of the Contract.
14. Complete all required administrative activities as directed by the CDPH/MCAH.

K. FUNDING

The following table depicts the proposed funding for each of the 19 selected California counties.

County	Minimum Annual Number of Clients To Be Served	Annual Allocation Per County (Based on the Minimum Number to be Served)
Colusa	22	\$ 50,000
Del Norte	24	\$ 50,000

County	Minimum Annual Number of Clients To Be Served	Annual Allocation Per County (Based on the Minimum Number to be Served)
Fresno	1107	\$ 557,035
Glenn	28	\$ 50,000
Imperial	229	\$ 115,181
Kern	1103	\$ 555,130
Kings	178	\$ 89,429
Lake	47	\$ 50,000
Madera	182	\$ 91,475
Merced	298	\$ 149,844
Monterey	429	\$ 216,041
Riverside	1844	\$ 927,989
San Bernardino	2090	\$1,051,613
San Joaquin	637	\$ 320,497
Santa Barbara	348	\$ 175,282
Stanislaus	479	\$ 241,060
Tehama	54	\$ 50,000
Tulare	615	\$ 309,423
Yuba	69	\$ 50,000
Total	9,783	\$ 5,100,000

The minimum number of clients to be served in the table above is based on 50% of the average number of teen births for 2007-2009 among 15-19 year olds by county.^{11, 12} The above funding allocations are based on applicants serving the minimum number of clients. CDPH/MCAH reserves the right to adjust allocations based on the applicant's proposed number of clients to be served.

¹¹ State of California, Department of Public Health, Birth Statistical Master File, years 2007-2009.

¹² **Race/Ethnic Population with Age and Sex Detail, 2000- 2050.** California Department of Finance, Sacramento, CA. July 2007.

In San Bernardino and Riverside counties, the CDPH/MCAH may make up to two (2) awards. If more than one award is made in San Bernardino or Riverside counties, sub-awardees must serve distinct populations and cannot serve the same individuals.

Preference will be given to organizations located within the same county where services will be provided.

The CDPH/MCAH reserves the right to award less than the full amount of funding and/or modify the allocation of funds. The funding amount will be final only after the Budget Act for each state fiscal year is signed. All state appropriations are subject to modification or elimination. If the appropriation amount is modified in any fiscal year, contract funding will be reduced or eliminated to reflect the modification.

SECTION II: PROGRAM REQUIREMENTS

A. LOCAL STAKEHOLDER COALITION

CA PREP sub-awardees will be required to organize and facilitate regular meetings with a local stakeholder coalition to promote healthy social norms within their community. The purpose of the coalition is to collaborate with community representatives concerned about local youth, raise awareness about teen pregnancy, STI, and HIV/AIDS prevention efforts, garner support for the CA PREP, and educate the community about essential teen pregnancy prevention services to support community efforts to help adolescents make better choices in their lives. Engaging local stakeholders can result in comprehensive, coordinated, sustainable efforts to improve the community environment for adolescents, reduce primary and subsequent teen pregnancy, STI, and HIV rates. Applicants must work directly with local stakeholder coalition members, those who work with adolescents in the child welfare, juvenile justice, mental health, substance use/abuse systems, and foster care, those that serve migrants, immigrants, pregnant and parenting teens, and homeless youth, within their county or jurisdiction in developing their RFA application.

The purpose of the local stakeholder coalition is to:

- Develop relationships with members of the community to contribute to the success and sustainability of the CA PREP
- Identify and include strategies that will be used to seek and maintain community support for the implementation of CA PREP services
- Educate members of the community on risk and protective factors associated with adolescent pregnancy, STIs, and HIV/AIDS and identify strategies to overcome risk factors using assets from the community
- Increase awareness about the importance of the use of EBPMs and APS for teen pregnancy, STI, and HIV/AIDS prevention
- Identify opportunities for youth input and community involvement
- Increase awareness of the importance of providing adolescents access to health care services, including family planning and reproductive health services, and the integration of referrals to other health care and social services

Applicants must collaborate with coalition members to identify:

1. the most high-risk population(s) within the County (target population(s))
2. at-risk population category(ies) (e.g., homeless, foster youth, gang members)
3. community location(s) of the target population(s) (Medical Service Study Area (MSSA(s)))¹³
4. the EBPM(s) best suited to meet the needs of the target population(s)

¹³ <http://www.cdph.ca.gov/programs/mcah/Documents/MO-TeenBirthsinCalifornia.pdf>

5. service location(s)
6. the number of clients to be served

At a minimum, the local stakeholder coalition must include representatives from the following:

- Family PACT providers¹⁴
- Foster care – county/state agencies and/or private organizations/providers
- Social service providers (i.e., those who provide high-risk adolescents with services related to homelessness, substance use/abuse, intimate partner violence, pregnant and parenting teens, etc.)
- Schools and educators (e.g., administrator, school board member, teacher, student)
- Local Maternal Child and Adolescent Health Director or his/her public health designee

After identifying the target population(s) to be served, the at-risk categories of the target population(s), and the service locations where EBPMs will be conducted, sub-awardees must ensure that representatives from the service location site(s)/settings(s), parents and/or guardians of youth from the target population(s), and youth from the target population(s) are included as members of the local stakeholder coalition. In addition, sub-awardees are strongly encouraged to include additional representatives from the following:

- Law enforcement (e.g., police officer, probation officer, youth community liaison)
- Pregnant and parenting teen service providers working with the target population(s) (e.g., AFLP, Cal-SAFE, locally-funded Cal-Learn)
- Youth-service and/or youth-focused organizations (e.g., Boys and Girls Clubs, Big Brothers/Big Sisters, after school programs)
- Local government representative(s) or designee(s) (e.g., City Council member, County Supervisor)
- Community-based businesses
- Faith-based community
- Service organizations (e.g. Rotary, Lions, Soroptomists, Shriners)

Sub-awardees shall develop a CA PREP Sustainability Plan to support the provision of the services within the community and maintain local stakeholder involvement. The CDPH/MCAH will provide additional instructions on the plan's submission requirements, timelines and reporting obligations after commencement of the Contract.

B. TARGET POPULATION

CA PREP sub-awardees shall prioritize services for Hispanic and Black adolescents as data indicates that these populations have the highest and most disproportionate teen birth rates in the 19 selected California counties. To maximize the effectiveness of program efforts and funding, applicants must work with their local stakeholder coalition to identify and select no

¹⁴ For a list of Family PACT providers by zip code, visit <http://www.familypact.org/en/home.aspx>

more than two (2) target population(s) at highest-risk within their county using the needs assessment data collected for the PREP State Plan (Appendix 1). Applicants shall explain the selection of their proposed target population(s) in their application “CA PREP Logic Model” (Attachment 6). Inclusion of culturally or underrepresented at-risk adolescent population categories (e.g., in or aging out of foster care, group homes, or independent living residences, pregnant and parenting teens, adolescents in juvenile justice systems, runaway youth, out of school youth, homeless youth, youth in gangs, and youth with HIV/AIDS) within the selected high-risk target population is encouraged.

In addition, applicants must identify the demographic classifications of the selected target population(s) in their CA PREP Logic Model including:

- Age Group(s)
 - youth (ages 10-12)
 - young adolescents (ages 13-14)
 - adolescents (ages 15-17)
 - adolescents (ages 18-19)
 - young adults (ages 20-21)

NOTE: Young adults ages 20-21 must be pregnant or parenting

- Gender
- Race/ethnicity (e.g., Asian, Black, Hispanic, Pacific Islander)
- At-risk population category (e.g., homeless, foster youth, gang members)
- Pre-sexually active, sexually active, or pregnant and parenting youth, if available
- Sexual orientation, if available (e.g., LGBTQ)

C. EVIDENCE-BASED PROGRAM MODELS

In accordance with federal requirements for PREP funding, CA PREP sub-awardees shall replicate EBPMs that have been proven, through rigorous scientific research, to have significant, positive behavioral outcomes related to pregnancy, STI, and HIV/AIDS prevention. EBPMs have been shown to change behaviors such as delayed sexual activity and increased use of condoms or contraception among sexually active youth when implemented with fidelity to the program model. Sub-awardees will be required to provide information to educate adolescents who are sexually active regarding responsible sexual behavior with respect to both abstinence and the use of contraception.

EBPMs have typically been designed for specific populations (e.g., race, ethnicity, age, and grade-level) in a particular setting (e.g., schools, clinics, communities), therefore, knowing which population and setting were used in the original evaluation study or replicated studies of an EBPM is important when selecting an EBPM. Refer to “CA PREP Evidence-Based Program Model Core Components” and “Evidence-Based Program Model Summary” (Appendices 3 and 4). Appropriate EBPM selection increases the likelihood that the program will be implemented with fidelity, thereby increasing the likelihood of achieving the desired outcomes. Not all EBPMs are appropriate for all adolescents, organizations, and

communities. Some EBPMs may be adapted without compromising fidelity, while other adapted EBPMs may not achieve the intended outcomes.

Selecting an EBPM based on the needs of the target population(s) increases the chance it will be appropriate for and accepted by participating adolescents. Additionally, EBPMs that reflect the culture, language, and values of the target population(s) increase the chances of improving outcomes.¹⁵

1. EBPM Selection

The list of the 11 CDPH/MCAH-selected EBPMs is identified in the chart below. Applicants must choose one (1) EBPM best suited to meet the needs of each target population. **Applicants who propose to implement EBPMs not identified in this RFA will be disqualified.**

Applicants shall develop a “CA PREP Logic Model” (Attachment 6) for each target population, to illustrate the relationship between the applicant’s target population selection, EBPM selection and understanding of the CA PREP requirements. A sample CA PREP Logic Model has been attached as Appendix 5.

See Appendices 3 and 4 for a detailed description of each of the 11 CDPH/MCAH-selected EBPMs.

California’s PREP Selected Evidence-Based Program Models
1. All4You! 1 st Edition, 2010
2. Be Proud! Be Responsible! 4 th Edition, 2011
3. Be Proud! Be Responsible! Be Protective! 1 st Edition, 2011
4. ¡Cúdate! 1 st Edition, 2008
5. Sexual Health and Adolescent Risk Prevention (SHARP), also known as HIV Risk Reduction Among Detained Adolescents 1 st Edition, 2011
6. Horizons 1 st Edition, 2011
7. Making a Difference! 3 rd Edition, 2011
8. Making Proud Choices! 4 th Edition, 2011
9. Reducing the Risk 5 th Edition, 2010
10. SiHLE 2 nd Edition, 2011
11. Sisters Saving Sisters, 1 st Edition, 2012

2. Fidelity

Sub-awardees will be required to maintain fidelity to the core components of the EBPMs. Implementing a model with fidelity requires EBPMs to be implemented in their entirety and as intended. All sub-awardees will attend training which will provide guidance on how to implement a selected EBPM with fidelity. Acceptable adaptations that do not alter

¹⁵ <http://www.acf.hhs.gov/programs/fysb/content/programs/tpp/prep-program-fit-ts.pdf>

the internal logic or change core components of the intervention may be considered, and must be approved by CDPH/MCAH prior to adapting any EBPM. Training and technical assistance may be provided to sub-awardees to consider whether adaptations are necessary for their elected EBPM.

Sub-awardees will be provided with fidelity monitoring tools to ensure the EBPMs are implemented as intended. The following elements, at a minimum, will be considered when assessing program fidelity:

- **Adherence** - The curriculum is delivered as it was designed or written (i.e., with all core components delivered to the intended population(s) by appropriately-trained staff, using standard protocols, techniques, and materials, in the prescribed locations or contexts, etc.)
- **Exposure/Dosage** - The number of sessions implemented, the length of each session, and the frequency with which program techniques were used
- **Quality of Program Delivery** - The manner in which the instructor delivers the program (e.g., the person's skill in using the techniques and/or methods prescribed by the program, their enthusiasm, preparedness, and attitude)
- **Participant Responsiveness** - The extent to which the participants interact with the content of the program and are engaged in the activities¹⁶

3. Cultural and Linguistic Context

Information and activities must be provided in the cultural and linguistic context that is most appropriate for the target population(s). Sub-awardees shall agree to provide services in a manner that respects the beliefs, privacy, and dignity of the individual. Individuals have the right to accept or reject services and their participation must be voluntary. Sub-awardees shall agree to keep signed CA PREP participant consents on file, as appropriate, to document agreed upon participation in contract-related activities.

4. EBPM Adaptations

CA PREP sub-awardees will be required to maintain fidelity to the EBPM core components. Any proposed adaptations must be reviewed and approved by the CDPH/MCAH **prior** to EBPM implementation. Applicants should refer to "CA PREP Evidence-Based Program Model Core Components" (Appendix 3), before proposing to make any adaptation to the EBPM(s).

5. California Laws

CA PREP sub-awardees are required to comply with the following California laws. The CDPH/MCAH will consider proposals for adaptations to EBPM(s) that adhere to California laws. **All** adaptations to EBPM(s) must be reviewed and approved by the CDPH/MCAH **prior** to implementation.

- a. **Health Education Content Standards for California Public Schools: Kindergarten Through Grade Twelve**
<http://www.cde.ca.gov/be/st/ss/documents/healthstandmar08.pdf>.

¹⁶ Mihalic S, Irwin K, Fagan A, et. al. **Successful Program Implementation: Lessons from Blueprints**. Office of Juvenile Justice and Delinquency Prevention, Bulletin. July 2004. Excerpted from www.ojp.usdoj.gov/ojjdp
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- b. **California Comprehensive Sexual Health and HIV/AIDS Prevention Education Act** (Education Code sections 51930-51939)
<http://ssku.k12.ca.us/documents/EdCode5193039.pdf>
- c. **Sexual Health Education Accountability Act** (California Health and Safety Code (H&S) sections 151000-151003)
<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=150001-151000&file=151000-151003>

6. Evidence-Based Program Model Resources

When selecting an EBPM(s), applicants are strongly encouraged to review each of the resources listed below:

- a. **Core Components, Adaptations, and Fidelity** – slides 28-40 of the webinar located at the link below provide guidance on core components, adaptations, fidelity, and adaptation monitoring logs.

Webinar Slides: <http://www.acf.hhs.gov/programs/fysb/content/news/101117-prep-webinar.pdf>
- b. **CDC's 10 Steps to Promoting Science-Based Approaches (PSBA) to Teen Pregnancy Prevention using Getting to Outcomes (GTO)** – 10-step process for assessing the needs of a community, selecting and implementing a program model, and tracking progress.

<http://www.cdc.gov/reproductivehealth/AdolescentReproHealth/PDF/LittlePSBA-GTO.pdf>
- c. **Tools to Assess the Characteristics of Effective Sex and STD/HIV Education Program** – resource publication in which 17 characteristics of successful pregnancy prevention programs are identified.

<http://www.healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/%7BAC34F932-ACF3-4AF7-AAC3-4C12A676B6E7%7D.PDF>
- d. Other Resources
 - **Healthy Teen Network Program Fit Checklist**
http://healthyteennetwork.org/vertical/Sites/%7BB4D0CC76-CF78-4784-BA7C-5D0436F6040C%7D/uploads/Fit_Checklist_Tool.pdf
 - **Putting What Works to Work. (2010). Washington DC: National Campaign to Prevent Teen and Unplanned Pregnancy**
<http://www.thenationalcampaign.org/resources/works/PWWTWabout.aspx>
 - **Science and Success: Sex Education and Other Programs That Work to Prevent Teen Pregnancy, HIV & Sexually Transmitted Infections in the United States. (2008). Washington DC: Advocates for Youth. Full Report (pdf)**
<http://www.advocatesforyouth.org/storage/advfy/documents/sciencesuccess.pdf>

- ***Doug Kirby et al. 2006 “Sex and HIV Education Programs for Youth: Their Impact and Important Characteristics”***

www.etr.org/recapp/documents/programs/SexHIVedProgs.pdf

7. Changing EBPMs After Award

Sub-awardees will not be permitted to change the selection of their EBPM(s) or approved implementation plan after the contract award without substantial justification and prior CDPH/MCAH approval.

8. EBPM Training

Sub-awardees will be required to attend training by the CDPH/MCAH on their selected EBPM(s) prior to EBPM implementation.

D. ADULTHOOD PREPARATION SUBJECTS

Sub-awardees are required to implement at least three (3) APS from the list below. See “CA PREP Adulthood Preparation Topics in Evidence-Based Program Models” (Appendix 6) for a summary of APS already incorporated in each of the 11 CDPH/MCAH-selected EBPMs. No APS substitutions are permitted.

In the event the EBPM(s) chosen by an applicant do(es) not already include at least three (3) APS or if applicants determine additional APS are necessary to meet the needs of the target population(s), sub-awardees may choose additional APS from the list below. The CDPH/MCAH will provide standardized lesson plans to address additional APS selected by sub-awardees. Implementation of additional APS must be approved by CDPH/MCAH and cannot compromise the fidelity of the EBPMs.

- Healthy relationships
- Adolescent development
- Financial literacy
- Parent-child communication
- Educational and career success
- Healthy life skills

Adolescents are the intended audience for the CA PREP activities. Secondary audiences (e.g., parents/guardians, mentors, personnel who work with adolescents) should only be included as indicated in the EBPM(s). Secondary audiences reached through EBPMs or APS cannot be counted in the annual number of required completers.

Adulthood Preparation Subject Resources

Applicants are strongly encouraged to review the following webinar slide presentation and tip sheet for guidance on the Adulthood Preparation Subjects.

- **Webinar Slides:** <http://www.acf.hhs.gov/programs/fysb/content/programs/tpp/adult-prep-webinar-110504.pdf>
- **Tip Sheet:** <http://www.acf.hhs.gov/programs/fysb/content/programs/tpp/adult-prep-tip-sheet.pdf>

Prior to implementation of an APS standardized lesson plan(s), sub-awardees will be provided training on the learning objectives, the intended outcomes, and outcome measures.

E. INFORMATION AND SUPPORT ACTIVITIES

In accordance with federal requirements for PREP funding, CA PREP sub-awardees shall support adolescent health by providing referrals to, and increasing adolescents' awareness of, health and social services. Sub-awardees will provide referrals to medical, dental and mental health services and to providers of other services (e.g., substance use/abuse, tobacco cessation, intimate partner violence) and appropriate social service agencies. Sub-awardees should encourage the enrollment of eligible adolescents in public assistance programs such as Medicaid, or other federal or state assistance programs. Services to which adolescents are referred may not be paid for with CA PREP funds.

F. FAMILY PACT PARTNERSHIPS

CA PREP sub-awardees will be required to establish formal partnerships with Family PACT providers within their local communities to increase adolescent access to family planning and reproductive health services and address barriers adolescents face when seeking services. Sub-awardees will promote awareness of, and provide information about, the availability of services to pre-sexually active and sexually active teens. Activities shall include, but are not limited to, the development of promotional materials to create awareness about local Family PACT providers and on-site teen tours of Family PACT clinics.

Sub-awardees shall collaborate with Family PACT providers to identify best practices including development of a referral mechanism for teens to access Family PACT services and promotion of teen-friendly clinics. Resources can be found at:

<http://familypact.org/en/Providers/provider-resources/Adolescent-Information-and-TeenSmart-Findings.aspx>

G. MEETING THE MINIMUM ANNUAL SERVICE REQUIREMENTS

Sub-awardees must serve the minimum required number of adolescents annually (see Appendix 7). Applicants should consider factors that may impact the number of adolescents who are expected to complete the program (e.g., the ages of the target population(s), the site(s)/setting(s) of service delivery, access to transportation, time, staffing) and should plan to recruit more than the minimum number of adolescents required to be served.

Sub-awardees may determine that they can serve more than the required minimum number of adolescents after taking into consideration the identified target population and at-risk categories, input and support from the local stakeholder coalition, location(s) of the target population(s) (MSSA(s)), and the selected EBPM(s) and APS. If the sub-awardee intends to serve more than the minimum required number of adolescents, sub-awardees must have the organizational capacity (e.g. adequate staffing) to serve the minimum or additional adolescents and ensure program quality.

H. STAFFING

Sub-awardees shall ensure program staff hired to implement EBPM(s) meet the EBPM core components (Appendix 3) and implement the EBPM(s) with fidelity. For example, if a sub-awardee chooses to implement the EBPM, "Making a Difference!" (MAD), core competencies for staff include training in MAD, credibility with youth, comfort level with sexuality and doing skill demonstrations, good listening skills, and a caring and non-judgmental attitude.

In addition, staff hired shall be able to implement the EBPM(s) in a culturally and linguistically appropriate manner for the target population(s). Sub-awardees shall hire a sufficient number of staff to complete all CA PREP contract requirements. When determining the number of staff to hire, consideration should be given to EBPM staffing requirements, the dose/exposure recommendations of the EBPM(s), and maximum number of program participants recommended by the author/owner of the EBPM(s). Applicants shall develop a “CA PREP Evidence-Based Program Model Worksheet” (Attachment 7) to demonstrate the number of staff needed to implement the EBPM(s) for the proposed number of adolescents to be served. The worksheet must include the knowledge, skills, and abilities of staff that will be hired. A sample worksheet is attached (Appendix 8). In addition, when identifying the core components of the selected EBPM on page 3 of the Logic Model (Attachment 6), the skills required for “Program Leaders” as indicated in the core components of the EBPMs (Appendix 3) must be included. Applicants are encouraged to refer to the Adolescent Sexual Health Workgroup (ASHWG) Core Competencies for Adolescent Sexual and Reproductive Health located at the following link: <http://www.ahwg.net/>. The CDPH/MCAH reserves the right to approve or disapprove the selection of staff hired and assigned to work in support of the sub-awardee’s contract and, with advance written notice, can require the substitution of staff on the Contract.

I. MEETINGS, TRAININGS, AND SITE VISITS

Sub-awardees shall attend all trainings, workshops, and conferences as directed by the CDPH/MCAH.

Sub-awardees shall participate in regular program discussions and meetings as determined by the CDPH/MCAH.

The CDPH/MCAH will perform, at its discretion, formal and/or informal site visits. The site visits will be conducted to monitor implementation activities, fidelity to the EBPM(s), and ensure compliance with the Contract.

J. MATERIAL DEVELOPMENT, USE, AND APPROVAL PROCESS

1. All documents (e.g., print, video, audio, radio or television public service announcements) produced, reproduced or purchased under the Contract shall be approved by the CDPH/MCAH before printing, production, distribution, or use.
2. The sub-awardee shall credit the CDPH/MCAH on all materials produced under this contract following the instructions outlined on the CDPH website: <http://www.cdph.ca.gov>
3. The CDPH/MCAH will retain copyright ownership for any and all original materials produced with CDPH/MCAH contract funding, including, but not limited to, brochures, resource directories, protocols or guidelines, posters, or reports.
4. Sub-awardees should refer to Appendix 4 before proposing to develop material that may make adaptations to EBPM(s) as they may compromise fidelity to the model.

K. REPORTING REQUIREMENTS

1. Monthly Performance Reports

Sub-awardees shall complete a Monthly Performance Report (MPR) and submit it electronically to designated CDPH/MCAH program consultants by the 10th day of each month for the preceding month.

2. **Bi-Annual Progress Reports**

Sub-awardees shall complete Bi-Annual Progress Reports. Progress Reports shall be received on or before the due date determined by the CDPH/MCAH.

3. **Annual Accountability Report**

Sub-awardees shall develop and present an Annual Accountability Report to local stakeholders to share CA PREP activities and accomplishments. The Annual Accountability Report will educate the community regarding teen pregnancy prevention services, progress in reducing teen birth rates, successes and challenges related to connecting adolescents to information and support, with the intent of increasing community involvement.

4. **Single Organization-wide Financial and Compliance Audit**

Sub-awardees shall obtain a single organization-wide financial and compliance audit on the 15th day of the fifth month following the completion of each fiscal year. The audit shall be conducted according to Generally Accepted Auditing Standards (GAAS).

5. **Federal Impact Reports**

Sub-awardees shall participate in the collection, monitoring, and reporting of program implementation and outcomes through a uniform set of performance measurements to be determined by the federal funders.

6. **Other Reports**

Sub-awardees may be required to complete and submit other CDPH/MCAH and federal performance and/or financial reports.

7. **Report Calendar**

Reports	Due Dates
Monthly Performance Reports (MPRs)	10 th day of each month for preceding month
Bi-Annual Progress Report	TBD
Bi-Annual Progress Report	TBD
Annual Accountability Report	TBD
Single Organization-wide Financial and Compliance Audit	15th day of the fifth month following the completion of each fiscal year
Federal Impact Reports	TBD

The CDPH/MCAH will provide additional instructions on submission requirements, timelines, and reporting obligations, after commencement of the Contract.

L. CONTINUOUS PROGRAM IMPROVEMENT

Continuous program improvement (CPI) is a process implemented by sub-awardees with technical support provided by the CDPH/MCAH to systematically monitor, evaluate, and collect program data to identify opportunities for program improvement.

The CDPH/MCAH will provide further instructions regarding CPI activities after contract award.

M. EVALUATION

Sub-awardees shall participate in CA PREP evaluation activities. Sub-awardees shall collect data about program activities and participate in other evaluation studies focused on short-term, intermediate and long-term outcomes.

Sub-awardees shall monitor a uniform set of process and outcome measures. (See Appendix 9 for sample process measures). These measures will be developed by the CDPH/MCAH and federal funders. The CDPH/MCAH may also develop additional indicators of program performance.

Sub-awardees are not required to hire an outside evaluator to perform or meet evaluation requirements outlined in this RFA.

1. Performance Measures

The four (4) performance measurement categories that sub-awardees are required to collect are as follows:

- a. **Process Measures** - Process measures determine if a program is being implemented as planned. These measures provide feedback about how well the program is being implemented. Process measures examine when, to whom, how often, and in what settings the program and/or services are provided. Examples of process measures include, but are not limited to, participant demographics/demographic classifications, service usage, referral sources, staff characteristics, and program activities.
- b. **Fidelity** - Sub-awardees are required to monitor fidelity to the EBPM(s) by tracking implementation, number of sessions, hours, setting(s), participants, etc. Technical assistance will be available upon sub-awardee request to assist with these activities.
- c. **Capacity Building** - Sub-awardees will assess their ability to build capacity, competency in working with the target population(s), and participate in community partnerships.
- d. **Outcome Measures** - Outcome measures are observable and measurable changes in the behaviors, knowledge, attitudes, skills, or aspirations of program participants such as increased contraceptive use, increased use of clinical services, and increased parent-child communication about sexual issues. Sub-awardees will work with evaluation staff to measure immediate and short-term outcomes of program participants to assess measurable changes.

2. Statewide Evaluation

Sub-awardees shall participate in annual impact or outcome-based evaluation studies to determine the effectiveness of CA PREP activities. These studies may include pre/post surveys of participants or collaboration in qualitative studies including interviews or focus groups. In addition, sub-awardees may be asked to provide minimal assistance in the initial identification and selection of potential participants for a longitudinal study assessing intermediate outcomes.

3. Federal Impact Evaluation

The CDPH/MCAH and its sub-awardees shall participate in a national PREP impact evaluation, if selected.

SECTION III: ADMINISTRATIVE REQUIREMENTS

This section outlines CA PREP administrative requirements. Sub-awardees must be familiar with these requirements prior to entering into a contract with the CDPH/MCAH, and meet the requirements throughout the contract term. The Contract will include all administrative and program requirements.

A. STANDARD PAYROLL PRACTICES AND FISCAL DOCUMENTS

Sub-awardees shall maintain adequate employee time recording documents (e.g., timesheets, time cards, and payroll schedules) and fiscal documents based on Generally Accepted Accounting Principles (GAAP) or practices, Code of Federal Regulations, and OMB Circular Nos. A-87, A-110, A-122, and A-133.¹⁷ It is the responsibility of the sub-awardee to adhere to these regulations.

B. USE OF FUNDS

Funds from this contract are restricted to the support of CA PREP activities only.

1. Allowed Activities

Funds may be used to pay for salaries and benefits of CA PREP program staff, meeting expenses, travel for program and training purposes, EBPMs and standardized APS curricula, outreach materials, postage, supplies, rent, equipment, software, and telephone expenses.

Funds may be used for incentives for CA PREP participants with limitations. Limitations include:

- Gift certificates/cards are allowed if their use supports the CA PREP program. An agreement with the vendor must be made indicating that any unredeemed value will be returned to the sub-awardee within an agreed upon and reasonable timeframe. Gift certificates/cards must only be distributed to CA PREP participants on a one-time basis with a total value not to exceed \$20 per participant.
- Food is allowed but must be a reasonable one-time expense for CA PREP participants. A reasonable expense would be considered light refreshments at a cost of no more than \$6 - \$8 per participant.
- Recreational activities are allowed but must be a reasonable one-time expense for CA PREP participants with a total value not to exceed \$20 per participant.
- Cash is not an allowable incentive.

¹⁷ OMB Circular No. A-122. **Cost Principles for Non-Profit Organizations**. The White House Office of Management and Budget (OMB). Excerpted from: http://www.whitehouse.gov/omb/circulars_a122_2004/.
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2. Disallowed Activities

CA PREP funding may not be used for any of the following:

- Support of religious activities, including but not limited to, religious instruction, worship, prayer, or proselytizing
- Purchase or improvement of land, or building alterations, renovations or construction
- Fundraising activities
- Political education or lobbying
- Supplanting or replacing current public or private funding
- Supplanting usual activities of any organization involved with CA PREP
- Reimbursement of pre-award costs
- Support of planning efforts and other activities associated with the development and submission of the CA PREP RFA application

C. DOCUMENT RETENTION REQUIREMENTS

Sub-awardees must maintain documentation of all CA PREP expenses and must provide the CDPH/MCAH with copies of, and/or access to, those records upon request. All fiscal records shall be prepared and maintained in accordance with GAAP and the terms of the Contract.

Sub-awardees shall maintain program records in accordance with the Contract. These records may include, but are not limited to, logs, sign-in sheets, meeting minutes, planning documents, materials developed, activities conducted, CA PREP reports, consent forms, etc. These records shall be kept and made available for three (3) years from the date of the final contract payment.

D. DELIVERABLES-BASED CONTRACT

Contracts awarded as a result of this RFA will be deliverables-based. Deliverables must be completed in accordance with details outlined in the Scope of Work and by the due date(s) set forth in the Scope of Work and contract. Deliverables must be approved by the CDPH/MCAH before a contract payment will be authorized. Payments may be reduced or adjusted for incomplete and/or unapproved deliverables. The CDPH/MCAH may withhold payment for failure to complete deliverables and/or non-compliance with contract requirements.

E. QUARTERLY INVOICES

Contract payments will be based on timely completion of approved contract deliverables.

Sub-awardees will submit invoices each quarter. The CDPH/MCAH will provide additional information about payments and invoicing upon execution of the Contract.

F. INTERPRETATION OF CONTRACT/CAPTIONS/WORD USAGE

Unless the context of this CA PREP contract clearly requires otherwise, words used in the singular include the plural and the plural includes the singular number; the masculine, feminine and other neutral genders shall each be deemed to include the others; "shall,"

“must,” “will,” or “agrees” are mandatory, and “may” is permissive; “or” is not exclusive; and “includes” and “including” are not limiting.

G. CONTRACT TERMS AND CONDITIONS

1. Exhibits

Sub-awardees shall enter into a Contract that will contain standard contract provisions and exhibits. The CDPH/MCAH reserves the right to substitute the latest version of any form or exhibit.

A sub-awardee’s unwillingness or inability to agree to the terms and conditions of the Contract may cause the CDPH/MCAH to deem a sub-awardee non-responsive and ineligible. The CDPH/MCAH will not accept alterations to the contract language.

2. Additional Documents

Prior to and during contract negotiations, sub-awardees may be required to submit additional information to meet the CDPH/MCAH requirements.

H. ADDITIONAL REQUIREMENTS

1. The CDPH/MCAH requires the use of the internet, electronic mail (Outlook), scanning equipment, telephones, and computers with current versions of Adobe and the Microsoft Office suite (Word, Excel, Access and PowerPoint). Additional technology may be required during the contract period.
2. Sub-awardees must obtain prior approval from the CDPH/MCAH to participate in data collection or research studies using CA PREP data for purposes other than the requirements of the Contract.
3. Sub-awardees must begin CA PREP activities immediately upon contract execution. During the entire contract term, sub-awardees are expected to continue CA PREP services in accordance with the Contract.
4. Sub-awardees shall be able to cover at least 90 days worth of CA PREP expenses prior to reimbursement by the State.
5. Sub-awardees automatically grant the State a royalty-free, unrestricted, and irrevocable license throughout the world to reproduce, prepare derivative works, distribute, use, duplicate or dispose of all products. This includes material and data that are collected, created and fixed in any medium of expression, produced, developed or delivered and paid for under the Contract for governmental purposes, and to have or permit others to do so. The provisions set forth herein shall survive the termination or expiration of the Contract or any project schedule.
6. Sub-awardees shall adhere to state travel, per diem and mileage rates.¹⁸ Out-of-state travel is not reimbursable without prior written approval from the CDPH/MCAH.
7. CA PREP staff salaries shall not exceed salaries paid to equivalent state civil service personnel performing comparable work. Refer to www.dpa.ca.gov
8. Sub-awardees shall comply with the HIPAA Business Associate Addendum.¹⁹

¹⁸ State of California Department of Personnel Administration. **Travel Reimbursements**. Excerpted from <http://www.dpa.ca.gov/personnel-policies/travel/hr-staff.htm>

9. Sub-awardees will not be permitted to use abstinence-only, abstinence-only-until-marriage, and fear-based instructions, activities and/or curricula.

I. SUBCONTRACTOR AGREEMENTS

The CDPH/MCAH requires sub-awardees to provide CA PREP services directly. **The use of subcontractors, consultants, or any other non-employee for CA PREP services is not permitted.**

¹⁹ <http://www.gpo.gov/fdsys/pkg/PLAW-104publ191/pdf/PLAW-104publ191.pdf>

SECTION IV: APPLICATION REQUIREMENTS

A. APPLICATION SUBMISSION REQUIREMENTS

1. Due Date and Delivery Methods

Application packages must be **received or postmarked** by the date and time listed in the RFA Key Action Dates. Applications e-mailed or faxed **WILL NOT BE ACCEPTED**. Applications received after the date and time listed in the RFA Key Action Dates are considered late and non-responsive. Late applications will not advance to the review process.

Applications must be labeled and submitted by U.S. Mail, Express Mail, or may be hand-delivered to CDPH/MCAH staff. U.S. Mail and Express Mail must be postmarked by the certifying carrier company by the RFA submission due date listed in the RFA Key Action Dates. Applications must be hand-delivered by the date and time listed in the RFA Key Action Dates. The CDPH/MCAH is not responsible for delayed or lost mail or failure to submit a timely application.

RFA SUBMISSION DELIVERY METHODS		
U.S. Mail	Express Mail	Hand Delivery
ATTN: CA PREP RFA 11-10407 California Department of Public Health 1615 Capitol Avenue P.O. Box 997420 MS Code 8300 Sacramento, CA 95899-7420	ATTN: CA PREP RFA 11-10407 California Department of Public Health 1615 Capitol Avenue MS Code 8300, Suite 73.560 Sacramento, CA 95899-7420	ATTN: CA PREP RFA 11-10407 California Department of Public Health 1615 Capitol Avenue Sacramento, CA 95899 (916) 650-0300

2. Application Content

Applicants must complete and provide each of the documents in the order listed in the Application Checklist (Attachment 1) for an application to be considered for review. These documents include:

- Application Checklist (Attachment 1)
- Application Cover Page (Attachment 2)
- Experience and Funding History (Attachment 3)
- Single Organization-wide Financial and Compliance Audit (provided by applicant)
- State Audit Report(s), if applicable (provided by applicant)
- CA PREP Local Stakeholder Coalition Roster (Attachment 4)
- Local Stakeholder Coalition Members – Letters of Commitment (Attachment 5)

- CA PREP Logic Model(s) (Attachment 6)
- CA PREP Evidence-Based Program Model Worksheet(s) (Attachment 7)
- Memoranda of Agreement, if applicable (provided by applicant)
- Proposed Organizational Chart (provided by applicant)
- Family PACT Partners Roster (Attachment 8)

3. **Application Instructions**

Instructions to complete each of the documents listed in the “Application Checklist” (Attachment 1) are included in each of the attachments. Instructions for documents “provided by applicant” are included below. **Please read all instructions carefully.**

a. **Single Organization-wide Financial and Compliance Audit**

Sub-awardees shall provide a complete copy of their most recent, annual single organization-wide financial and compliance audit as conducted by an external auditor. For more detailed information see Health & Safety Code Section 38040.²⁰

b. **State Audit Report(s)**

If applicable, sub-awardees shall provide a complete copy of their state audit report(s) for the past ten (10) years. State audits are conducted by one of the state’s internal audit organizations (i.e., the Department of Health Care Services, Department of Finance, the Bureau of State Audits, or the State Controller’s Office, etc.) and must include any/all approved corrective action plan(s), settlements, and resolutions of findings.

c. **Memoranda of Agreement**

When proposing to provide CA PREP services at a location other than a location owned and operated by the applicant, a MOA shall be developed to ensure all aspects of CA PREP service provision are agreed upon. The purpose of the Memorandum of Agreement (MOA) is to ensure all parties understand and agree to EBPM implementation (e.g., number of sessions, participant demographics, length of session, content of session, sensitive nature of session content) and recognize that alteration of any EBPM core component could compromise the fidelity of the program implementation. A MOA is a signed commitment between parties (e.g., CA PREP sub-awardees, schools, juvenile justice facilities, health clinics) that establishes responsibilities and provides the specific details of the agreement. The following information shall be included in a MOA for CA PREP service provision. Refer to Appendix 10 for sample MOAs.

1. **Dates** - The start and end dates and times of CA PREP services and, if necessary, the specific days upon which services will be provided.
2. **Parties in the Agreement** - Include the legal names and brief descriptions of each party to the agreement.

²⁰ <http://www.leginfo.ca.gov/cgi-bin/displaycode?section=hsc&group=38001-39000&file=38040-38041>

3. **Project Representatives** - Include the names and contact information for the representative of each organization responsible for ensuring the terms of the MOA are fulfilled.
4. **Common Goal** - Describe the basis for the MOA and the shared goals and/or objectives.
5. **Participants to be Served** - Include a precise description of who is to receive CA PREP services (e.g., the target population).
6. **EBPM(s)** - Identify and provide a description of the EBPM(s) to be implemented. Include core components (e.g., adherence, exposure/dosage, program delivery, participant responsiveness).
7. **Party 1's Obligations** - Describe the obligations of the applicant. Do not assume that intentions or conditions are agreed to if they are not stated in the agreement.
8. **Party 2's Obligations** - Describe the obligations of the organization permitting use of the service location.
9. **Communication/Meeting Plan** - Agree to, and include a description of, the frequency and type of on-going communication between project representatives for the duration of the Agreement (e.g. weekly meetings or teleconferences, monthly status updates).
10. **Authorization** - The closing statement finalizes and formalizes the agreement. Signatures of representatives able to legally bind the organizations and dates must be included. Each party must retain a signed original.

d. **Proposed Organizational Chart**

The applicant's proposed organizational chart must identify all employed staff that will be paid for with CA PREP funds, including all administrative, supervisory, and management staff. The chart must include all positions, reporting relationships, and include the percentage of time (FTE) for each position paid by CA PREP funds.

4. **Formatting and Adherence to Instructions**

Applicants must adhere to all application instructions and requirements and submit the application in the order listed on the Application Checklist (Attachment 1). Missing or out of order attachments will be considered non-responsive and the application may be rejected from the review process.

Read and follow all instructions carefully. Applicants must provide full and complete information. Only information contained in the application will be considered in the review process.

Do not submit extraneous materials as they will be ignored and/or discarded.

a. **Authorized Signature**

The authorized representative must be able to legally bind the organization to a contract with the CDPH/MCAH and must sign all documents requiring a signature in blue ink. Signature stamps are not acceptable.

b. Application Assembly

Submit one (1) original application marked “ORIGINAL” on the first page and three (3) copies of the entire application.

Submit the original application and copies in a single envelope or package, if possible. If more than one (1) envelope or package is submitted, label the outside of each envelope or package “1 of __, 2 of __, 3 of __, etc.”

Do not place original or copies of applications in a binder, folder, or notebook.

5. Application Costs/Expenditures

Applicants are responsible for all costs associated with the development and submission of an application. Costs cannot be charged to the CDPH/MCAH.

B. APPLICATION WITHDRAWAL AND RESUBMISSION

1. Application Withdrawal

To withdraw an application after the application is submitted, the applicant shall submit a written withdrawal request signed by the authorized representative of the applicant’s organization. Withdrawal requests must be submitted via U.S. Mail or Overnight Express. E-mailed or faxed withdrawals **WILL NOT BE ACCEPTED**. Address the withdrawal request to the address listed below.

APPLICATION WITHDRAWAL DELIVERY METHODS	
U.S. Mail	Overnight Express
ATTN: Withdraw CA PREP RFA 11-10407 California Department of Public Health 1615 Capitol Avenue, Suite 73.560 P.O. Box 997420, MS Code 8300 Sacramento, CA 95899-7420	ATTN: Withdraw CA PREP RFA 11-10407 California Department of Public Health 1615 Capitol Avenue, Suite 73.560 MS Code 8300 Sacramento, CA 95899-7420

2. Application Resubmission

Applicants who withdraw their application may resubmit a new application prior to the application submission deadline listed in the RFA Key Action Dates.

C. RFA OWNERSHIP AND CONFIDENTIALITY

All materials submitted in response to this RFA will become the property of the CDPH/MCAH and, as such, are subject to the Public Records Act (Government Code Section 6250, et seq.). The CDPH/MCAH will disregard any language purporting to render all or portions of any application confidential.

D. NON-RESPONSIVE APPLICATIONS

In addition to any condition indicated in this RFA, the following occurrences may cause the CDPH/MCAH to deem an application non-responsive:

1. An application that is conditional, materially incomplete or contains material defects, alterations or irregularities of any kind
2. An application that contains false, inaccurate or misleading information.
3. An application that contains other irregularities not specifically addressed herein.

E. APPLICATION REVIEW PROCESS

A multiple stage review process will be used to review and score applications. The CDPH/MCAH may reject any application found to be non-responsive at any stage of the review process.

1. Stage 1 (Preliminary Review)

The first stage is a pass/fail review and involves a preliminary review by the CDPH/MCAH of the following:

- a. **Adherence to Submission Date and Time** - The CDPH/MCAH will review each application for timeliness, completeness and initial responsiveness to the RFA application requirements. Applications that are received by the CDPH/MCAH after the date and time listed in the RFA Key Action Dates will be considered non-responsive and will not advance to the next level of review.
- b. **Application Content, Components, and Instructions** - The CDPH/MCAH will compare the content of each application to the instructions outlined in this section including the Application Checklist, Cover Page, Attachments, etc. to determine if the applicant's submission is complete. Applications with an omission of any required content or failure to include required forms in the required format will not advance to the next level of review.
- c. **Eligibility Criteria** - Organizations must meet the minimum eligibility criteria as outlined in Section 1, sub-section F in this RFA. Minimum eligibility criteria will be based on the information contained in the following application documents:
 - Experience and Funding History (Attachment 3)
 - Single Organization-wide Financial and Compliance Audit
 - State Audit Report(s), if applicable

Applications that fail Stage 1 will be eliminated from the review process and will not be returned to the applicant. The CDPH/MCAH will notify applicants who fail Stage 1 of the review process at the time of the Notice of Award.

2. Stage 2 (Review and Evaluation of Applications)

Applications that pass Stage 1 will be eligible for Stage 2 review.

Stage 2 Review and scoring of applications will be based on the extent to which the applicant completes the required application documents as outlined below.

Scores will be based upon CA PREP program requirements as described in this RFA and the applicant's capacity to meet those requirements.

Points will be based on the following point scoring system:

Points	Interpretation	General Basis for Point Assignment
0	Inadequate	Response (i.e., content and/or explanation offered, etc.) is inadequate and does not meet requirements.
2	Adequate	Response (i.e., content and/or explanation offered, etc.) is adequate and meets requirements.
4	Outstanding	Response (i.e. content and/or explanation offered, etc.) is outstanding and exceeds requirements.

Scoring Criteria	Scoring %	Application Documentation
<u>Applicant Experience and References:</u> Scoring will be based on the applicant's experience providing teen pregnancy prevention services and implementing EBPMs. In addition, scoring will be based on information obtained from references related to the applicant's past contracts/grants to determine the applicant's capacity to fulfill similar CA PREP requirements.	20%	<ul style="list-style-type: none"> • Experience and Funding History (Attachment 3)
<u>Local Stakeholder Coalition:</u> Scoring will be based on the applicant's ability to identify, establish, and maintain formal relationships with local stakeholders who serve high-risk adolescents to develop a local-stakeholder coalition. In addition, scoring will be based on the involvement of coalition members in the design of the CA PREP Logic Model.	15%	<ul style="list-style-type: none"> • CA PREP Local Stakeholder Coalition Roster (Attachment 4) • Local Stakeholder Coalition Member Letters of Commitment (Attachment 5) • Logic Model (Attachment 6)
<u>Logic Model:</u> Scoring will be based on the applicant's justification and rationale for the number of adolescents to be served, selection of the target population(s), EBPM(s), and APS based on county data and stakeholder input. In addition, scoring will be based on the applicant's ability to connect how the needs of the target population and the services provided will result in measurable outcomes towards the CA PREP goals.	40%	<ul style="list-style-type: none"> • CA PREP Logic Model (Attachment 6)

<p><u>Organizational Capacity:</u> Scoring will be based on the applicant's financial stability and business practices; the applicant's ability to identify the characteristics of key staff and the placement and support of key staff within the larger organizational structure; the ability of the applicant to develop formal agreements with organizations for the purpose of providing services; and the organization's overall capacity to effectively complete the CA PREP contract requirements.</p>	20%	<ul style="list-style-type: none"> • Experience and Funding History (Attachment 3) • CA PREP Evidence-Based Program Model Worksheet (Attachment 7) • Memoranda of Agreement, if applicable (Attachment 10) • Proposed Organizational Chart • Single Organization-wide Financial and Compliance Audit • State Audit Report(s), if applicable
<p><u>Family PACT Partnerships:</u> Scoring will be based on the applicant's formal partnerships with Family PACT providers.</p>	5%	<ul style="list-style-type: none"> • Family PACT Partners Roster (Attachment 8) • Local Stakeholder Coalition Member Letters of Commitment (Attachment 5)

3. Stage 3 (Funding Decision)

The CDPH/MCAH will make final decisions to fund applicants based on Stage 2 final scores. Preference will be given to organizations located within the same county where services will be provided.

F. NOTICE OF AWARD

1. Upon completion of Stage 3 (Funding Decision), the CDPH/MCAH will post a Notice of Intent to Award Funds at: <http://www.cdph.ca.gov/programs/mcah/Pages/CAPREP.aspx>
2. Upon written request to the CDPH/MCAH, applicants will receive their score.

G. APPEAL PROCESS

There is no appeal process for applications that fail Stage 1. Only non-funded applicants who submit a timely application that complies with the RFA instructions may file an appeal. Appeals are limited to the grounds that the CDPH/MCAH failed to correctly apply the standards for reviewing applications in accordance with this RFA. Applicants may not appeal solely on the basis of the funding amount.

A written appeal shall identify the standards that the appellant believes the CDPH/MCAH has improperly applied in making its funding decision and the remedy sought. Written appeals shall be received by the CDPH/MCAH no later than the date and time listed in the RFA Key Action Dates.

An appeal must be signed by the authorized representative of the applicant's organization.

To submit an appeal, use one (1) of the following methods:

APPEALS PROCESS DELIVERY METHODS	
U.S. Mail	Overnight Express
ATTN: Appeal CA PREP RFA 11-10407 California Department of Public Health 1615 Capitol Avenue, Suite 73.560 P.O. Box 997420, MS Code 8300 Sacramento, CA 95899-7420	ATTN: Appeal CA PREP RFA 11-10407 California Department of Public Health 1615 Capitol Avenue MS Code 8300, Suite 73.560 Sacramento, CA 95899-7420

Appeals submitted via e-mail or FAX **WILL NOT BE ACCEPTED**.

The Deputy Director of the Center for Family Health or designee will review and resolve each appeal based upon its merits. There will be no appeal hearings.

The decision of the CDPH/MCAH shall be final and there will be no further administrative appeal. Appellants will be notified of the decisions regarding their appeal in writing within ten (10) working days of receipt of the written appeal.

H. CONTRACT NEGOTIATIONS

Following the final posting of awards, the CDPH/MCAH will begin contract negotiations with sub-awardees. The CDPH/MCAH reserves the right to withdraw any award if negotiations cannot be concluded between the CDPH/MCAH and the sub-awardee or if the sub-awardee is unwilling or unable to comply with the contract terms, conditions and exhibits cited in this RFA or the resulting contract.

I. CDPH/MCAH RIGHTS

In addition to the rights discussed elsewhere in this RFA, the CDPH/MCAH reserves the following:

1. RFA Clarification/Correction/Alteration

- Modify any date or deadline appearing in this RFA or the RFA Key Action Dates.
- Issue clarification notices, addenda, alternate RFA instructions, forms, etc.
- Waive any RFA requirement or instruction for all applicants if the CDPH/MCAH determines that a requirement or instruction was unnecessary, erroneous or unreasonable.
- If this RFA is clarified, corrected, or modified, the CDPH/MCAH will post all clarification notices and/or RFA addenda at the following Internet web address:
<http://www.cdph.ca.gov/programs/mcah/Pages/CAPREP.aspx>

2. Application Verification

The CDPH/MCAH is authorized to verify any and all information contained in an application.

3. Insufficient Number of Applications to RFA

The CDPH/MCAH reserves the right, at its sole discretion, to extend the application acceptance period beyond the date indicated in the RFA Key Action Dates to allow additional organizations to submit applications.

4. Right to Remedy Errors

The CDPH/MCAH reserves the right to remedy errors caused by the CDPH/MCAH.

5. Issuance/Rejection of this RFA

The issuance of this RFA does not constitute a commitment by the CDPH/MCAH to award any or all contracts, any specific number of contracts or all contract money. The CDPH/MCAH reserves the right to reject all applications and to cancel this RFA if it is in the best interest of the CDPH/MCAH to do so.

